



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
TAKENAKA	KENNETH	K.	808 839-2899
MAILING ADDRESS (Street)			FAX
3249 B KOAPAKA STREET			808 839-2899
(City)	(State)	(Zip Code)	
HONOLULU,	HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

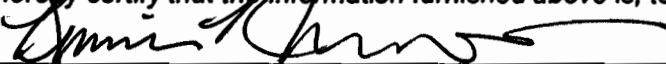
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
PROFESSIONAL INSURANCE AGENTS, INC. (PIA)			261-9460
MAILING ADDRESS (Street)			FAX
146 HEKILI STREET			262-5355
(City)	(State)	(Zip Code)	
KAILUA	HI	96873	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
DON ALLEN			261-9460
MAILING ADDRESS (Street)			FAX
146 HEKILI STREET			262-5355
(City)	(State)	(Zip Code)	
KAILUA	HI	96873	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	<u>Insurance</u>

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

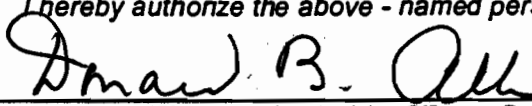


(Signature of Lobbyist)

3/10/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
DON ALLEN			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
PROFESSIONAL INSURANCE AGENTS, INC. (PIA)			
MAILING ADDRESS (Street)		FAX	
146 HEKILI STREET			
(City)	(State)	(Zip Code)	
KAILUA	HI	96873	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		3/10/06	
(Signature of Authorizing Officer or Person Represented)		(Date)	